

LISTING OF PSYCHIATRIC AFTERCARE NURSING FACILITIES

Clarks Summit LTC Unit

Danville LTC Unit

Haverford LTC Unit

Mayview LTC Unit

Torrance LTC Unit

Wernersville LTC Unit

South Mountain Restoration Center

Definition of a claim for each type of service for purposes of meeting the requirements
2 CFR 447.45 regarding the timely payment of claims.

Type of Service	Option (1) a bill for services	Option (2) a line item of service	Option (3) all services for one recipient within a bill
Inpatient hospital services other than those provided in an institution for mental diseases or tuberculosis		X	
Outpatient hospital services		X	
Rural health clinic services and other ambulatory services furnished by a rural health clinic		X	
Other laboratory and x-ray services		X	
Skilled nursing facility services (other than services in an institution for tuberculosis or mental diseases for individuals 21 years of age and older		X	
Early and periodic screening and diagnosis of individuals under 21 years of age and treatment of conditions found		X	

Type of Service	Option (1) a bill for services	Option (2) a line item of service	Option (3) all services for one recipient within a bill
c. Family planning services and supplies for individuals of child-bearing age		X	
d. Physicians' services whether furnished in the office, home or hospital, a skilled nursing facility or elsewhere.		X	
e. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State laws. a. Podiatrists' Services		X	
f. Optometrists' services		X	
g. Chiropractors' services		X	
h. Other practitioners' services	Does Not Apply - Services Not Provided		
i. Home health services a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.		X	

Type of Service	Option (1) a bill for services	Option (2) a line item of service	Option (3) all services for one recipient within a bill
Home health aide services provided by a home health agency		X	
Medical supplies, equipment and appliances suitable for use in the home		X	
Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency		X	
Private duty nursing services	Does Not Apply - Services Not Provided		
Clinic services		X	
Dental services		X	
Physical therapy and related services a. Physical therapy b. Occupational therapy c. Services for individuals with speech, hearing and language disorders	Does Not Apply - Services Not Provided		
Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist a. Prescribed drugs b. Dentures c. Prosthetic devices d. Eyeglasses		X X X X X	

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Approval Date

NOV 1 1984

Effective Date

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Type of Service	Option (1) a bill for services	Option (2) a line item of service	Option (3) all services for one recipient within a bill
Other diagnostic screening, preventative, and rehabilitative services, i.e., other than those provided elsewhere in this plan. a. Diagnostic services b. Screening services c. Preventative services d. Rehabilitative services	Does Not Apply - Services Not Provided		
1a. Services for individuals age 65 or older in institutions for tuberculosis (1) inpatient hospital services (2) Skilled nursing facility services (3) Intermediate care facility services	Does Not Apply - Services Not Provided		
b. Services for individuals age 65 or older in institutions for mental diseases. (1) Inpatient hospital services (2) Skilled nursing facility services (3) Intermediate care facility services		X	
Intermediate care facilities' services (other than such services in an institution for tuberculosis or mental diseases) for persons determined in accordance with 1902(a) (31) (A) of the act, to be in need of such care.		X	

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Type of Service	Option (1) a bill for services	Option (2) a line item of service	Option (3) all services for one recipient within a bill
Inpatient psychiatric facility services for individuals under 22		X	
Nurse midwife services		X	
Any other medical care and any other type of remedial care recognized under State law specified by the Secretary.		X	
a. Transportation		X	
b. Services of Christian Science nurses	Does Not Apply - Services Not Provided		
c. Care and services provided in Christian Science sanatoria	Does Not Apply - Services Not Provided		
d. Skilled nursing facility services for patients under 21 years of age		X	
e. Emergency hospital services		X	
f. Personal care services in recipient's home, prescribed in accor- dance with a plan of treatment and rendered by a qualified person under supervision of a registered nurse	Does Not Apply - Services Not Provided		
g. Oxygen therapy and equipment		X	

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